



Michigan Department of Education Office of Special Education  
March 30, 2020

## Administrative Rule Waiver Application for Temporarily Approved Teachers of Students with Disabilities Requirement Under Rule 340.1783

The availability of this waiver is intended to minimize the impact of school closures during the COVID-19 pandemic on the certain increase of the critical shortage of teachers of students with disabilities. This waiver application is specific to seeking Michigan Department of Education (MDE) approval to fill an open special education teacher position with a recent college graduate who possesses both, a valid Michigan teaching certificate and a recommendation by an institute of higher education for employment as a special education teacher under temporary approval, in a specific special education area. The letter of recommendation signifies successful completion of a special education teacher education program, although the candidate was unable to successfully complete a special education student teaching in the specific special education area.

The *Individuals with Disabilities Education Act* (IDEA) indicates teachers can be considered to meet the standard, if that teacher is participating in an alternate route to special education certification. 34 CFR 300.156(2) In Michigan, the alternate route to special education certification is through temporary approval.

Under section 380.1281(3) of the Revised School Code, the MDE may grant to a school district a waiver of an administrative rule when the district demonstrates it can meet the intent of the rule in a more effective, efficient, or economical manner or the waiver is necessary to stimulate improved pupil performance.

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### Process

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Upon demonstrating the waiver conditions are met (outlined on the next page), the MDE may grant a one-year non-renewable waiver to allow an individual who possesses a valid Michigan teaching certificate and a recommendation for employment under temporary approval from an institute of higher education to fill the special education teaching position in a specific special education area which matches the candidates program area of study.

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## **Applicant Information**

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### **Contact Information**

Applicant District

District Code

Address

City

State

Zip Code

Contact Person

Title

Telephone

Email

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## **Waiver Request**

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### **Rationale**

Explain why the waiver is necessary to stimulate improved pupil performance.

## **Conditions and Documentation**

1. To ensure the district has hired a candidate who meets the criteria of this waiver, the district must provide the evidence below:
  - a. A dated copy of the candidate's valid Michigan teaching certificate.
  - b. A dated copy of the position posting.
  - c. A dated copy of the letter of recommendation of employment under temporary approval, completed by the institute of higher education where the candidate completed a special education program, approved by the department.
2. To ensure the district will meet the intent of the rule to stimulate improved pupil performance, the district will do one of the following:
  - a. Work with the institute of higher education (IHE) to ensure the student receives continued coaching and on the job supervision for the fall semester.
  - b. Assign a teacher from within the district, who has an endorsement in the same area of special education, to supervise the candidate for the duration of 1 school year.
  - c. Identify a teacher from another district or the intermediate school district, who has an endorsement in the same area of special education, to supervise the candidate for the duration of 1 school year.
3. To ensure the candidate receives the required supervision, the district will:
  - a. Provide documentation of the detailed plan of supervision.

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## Assurance Statement

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The information in this application has been reviewed and is true to the best of our knowledge. We assure the purpose of the waiver as described in this application will be fulfilled, it meets the criteria of the act, it does not compromise equal opportunities for learning, and is not detrimental to the educational interests of pupils.

Superintendent/Designee

\_\_\_\_\_  
Signature

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Date

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## Submit Form

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Mail, email, or fax this form to:

Michigan Department of Education  
Office of Special Education  
P.O. Box 30008 Lansing, MI 48909

**Email:** [mde-ose@michigan.gov](mailto:mde-ose@michigan.gov)

**Fax:** 517-241-7141

**Contact phone:** 888-320-8384